## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034467 (5)

HEALTHCARE DIRECT, INC.

Principal Place of Business

Mailing Address

1731 N.W. 127TH WAY CORAL SPRINGS FL 33071 1731 N.W. 127TH WAY CORAL SPRINGS FL 3307

## FILED May 13 1998 8:00am Secretary of State



CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				04/17/1997
21 12		26. Mailing Address 1271 (p. 1000)	U18PL	4. FEI Number Applied For Not Applicable
Suite, Apt	- · · · · · -	Suite, Apt #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
23 C/0 8 Sta	Alstrings, FL	28 COVAL SPYIN	190, FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
zip3ろ(	Courty Courty	3307/ 30	BROWN	/ 8. This corporation owes or has paid the current year lotangible
	9. Name and Address of Current Re			10. Name and Address of New Registered Agent
KANOUSE, KEITH J 81 Name				
2424 N. FEDERAL HIGHWAY, SUITE 353				Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33431			83	
				FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.				
SIGNATURE Signature, type-tion printed name of register of agent and take if applicable. (NOT: Registered Agent signature required when reinstating).  DATE  DATE				
12.	OFFICERS AND DE	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TOLE	12011 A(1) Change Addition
NAME	KORNBLUM, JEFFREY		1.2 NAME	12110 NW 1811PL
STREET ADDRESS	1731 N.W. 127TH WAY		1.3 STREET ADDRESS	1-10/50 A 1/22011
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY - ST - ZIP	WrATZYING 17 320 11
TITLE	D SCIPPILINA POLICIAO	☐ DELETE	2.1 TITLE	Change Addition
NAME	FEIRBLUM, DOUGLAS 1160 N. FEDERAL HIGHWAY #:	200	2.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33304	222	2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	T1. DADDENDALE TE 33304	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	Collady: C Addition
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CI1Y - S1 - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	·
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP	
TITLE		ריי מנוננונ	6.1 TITLE	Change Addition
STREET ADDRESS			6.2 NAME	
			6.3 STREET ADDRESS	
CITY-ST-ZIP	certify that the information supplied with the	is filing dogs not qualify for th	64 City-St-ZiP	Lin Section 119 07/3Vi) Florida Statutas I further cartifu that the information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplienced annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conjugation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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4/27/98

(054)753-27,2